

Delivery System & Payment Reform Implementation Council

Meeting #1

April 27th, 2017

Meeting Agenda



Agenda Item	Description	Time
1 Welcome & Introductions	<ul style="list-style-type: none">• Welcome remarks• Group introductions• EOHHS outreach strategy	15 mins
2 Council Overview	<ul style="list-style-type: none">• Council goals & responsibilities• Meeting overview & agenda-setting• Roles & responsibilities	30 mins
3 Council Chair Nominations	<ul style="list-style-type: none">• Nomination process	30 mins
4 DSRIP Spotlights	<ul style="list-style-type: none">• Accountability• Statewide Investments	45 mins



1 Welcome & Introductions



MassHealth Payment Reform Stakeholder Engagement Bodies



Formally Procured Groups	Description
Delivery System Reform Implementation Advisory Council (DSRIC)	<p>Will advise EOHHS on implementation of waiver:</p> <ul style="list-style-type: none"> • ACO and CP models, including MCOs' management and ACOs' accountability for LTSS, Examining and monitoring quality and access, Reviewing grievances and appeals • DSRIP program, including DSRIP statewide investments
EOHHS Quality Taskforce	<ul style="list-style-type: none"> • Identify core population-based quality measure sets that will be used in APM contracts in MA (all payer) • Identify strategic priority areas for quality measurement (e.g. patient-reported outcomes, SUD, patient safety) • Advise MassHealth on quality measures and methodology for ACO, CP, & DSRIP
--- DSRIP Quality Subcommittee	<p>A subset of the EOHHS Quality Taskforce required by CMS to perform the following functions:</p> <ul style="list-style-type: none"> • Advise MassHealth on quality measures and methodology for ACO, CP, & DSRIP • Select additional metrics for providers that have reached baseline or exceeded targets • Assess effectiveness of cross-cutting measures • Make recommendations to improve performance
Social Services Integration Work Group (will be procured)	<p>Active for the first year of the Demonstration (with a possible extension) to identify:</p> <ul style="list-style-type: none"> • Evidence-based strategies for social service integration • Population data sources to inform social services resources and needs • Processes and systems for linking members to supports • Tools and metrics to measure and ensure access to supports

Other Groups	Description
MassHealth Restructuring – Advocacy Updates	<ul style="list-style-type: none"> • Topics include a broad range of topics related to MassHealth restructuring initiatives • Each month focus on a particular topic to look at in greater detail
MassHealth Delivery System Restructuring Open Meetings	<ul style="list-style-type: none"> • Topics include a broad range of topics related to MassHealth restructuring initiatives
Unified Pricing Strategy Open Meetings	<ul style="list-style-type: none"> • Forum to address questions on MCO and ACO rate setting methodologies
Community Partners Open Meetings	<ul style="list-style-type: none"> • Forum to discuss the Community Partners model



2 Council Overview



Purpose and Roles of DSRIC



Council Purpose: To provide advice and input in the implementation of MassHealth's overall delivery system reform efforts

Council Roles:

- 1** Advise EOHHS on various aspects of the implementation of the ACO and CP models, including:
 - Advising on the development and implementation of MCOs' management and ACOs' accountability for LTSS
 - Advising on progress towards integration across physical health, behavioral health, LTSS and health related social services, including the role of Community Partners and Flexible Services
 - Examining and monitoring quality and access for those entities participating in the new delivery system
 - Assessing member-facing issues and barriers, including those raised through
 - Participating in the development of public education and outreach campaigns
 - grievances, appeals, and Ombudsman reports
- 2** Provide input on the DSRIP program, including guidance around Statewide Investments
- 3** Help inform EOHHS' strategy around program accountability and reporting

Council Member Responsibilities



Additionally, Council members will be expected to:

- Participate in onboarding activities and trainings
 - Be available to devote the time needed to perform the roles and responsibilities of the Council
 - Review all meeting materials in advance of meetings
 - Attend in person and participate in 90% of meetings
 - Participate in the development and completion of work plan deliverables (e.g., policy memoranda) in a timely manner at the request of the Council chair and EOHHS
 - Provide advice and guidance to EOHHS
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Council Chair Responsibilities



In addition to Council member responsibilities, the Council chair will also:

- Serve as the main liaison between EOHHS and the Council
- Establish a process by which members may contact the chair with concerns and/or questions relevant to DSRIC (the chair may use this information in the agenda setting process)
- Jointly set meeting agendas with EOHHS
- Jointly establish meeting schedule with EOHHS
- Contribute to the development of meeting materials, including PowerPoint presentations and/or handouts
- Be responsible for the completion of the annual work plan, including delegating tasks to Members as appropriate
- Support the Council as needed



EOHHS Responsibilities

EOHHS and the Council chair will jointly:

- Align meeting agendas with the policy focuses of EOHHS and the Council
 - Facilitate meetings
 - Ensure development of a work plan
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EOHHS will also:

- Coordinate meetings, arrange for accommodations, and handle meeting logistics
 - Attend all meetings to exchange information with the Council
 - Produce meeting materials
 - Support the Council chair as requested
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Meeting Overview

Frequency: Every other month

Duration: Two hours

Location: Boston and other areas throughout the Commonwealth

Required attendance: 90%

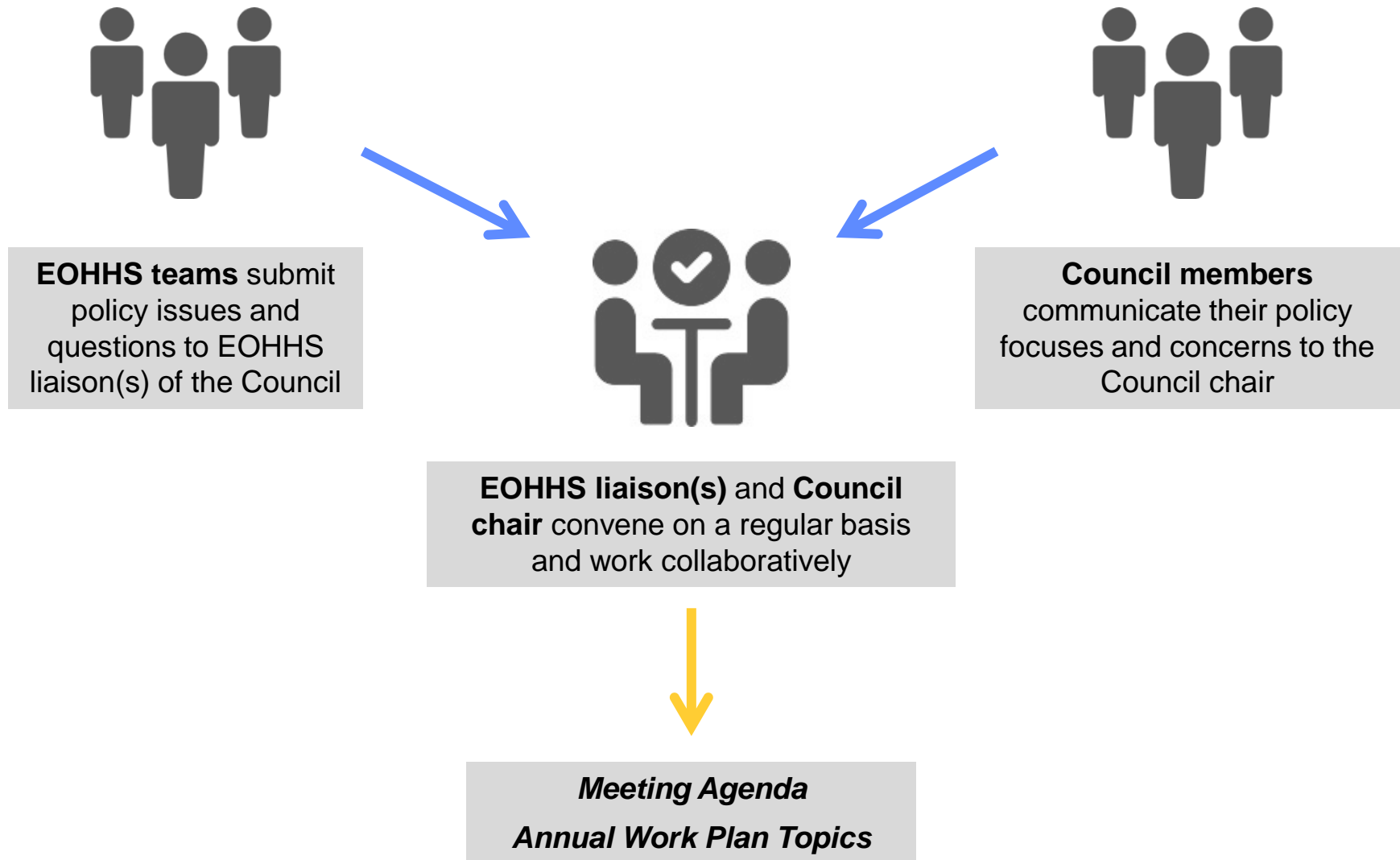
(Council members may send a representative to a meeting with prior authorization from EOHHS)

General agenda structure:

Agenda Item	Timing
Introductions	5 mins
EOHHS policy updates, as needed	20 mins
Discussion of delivery system reform topic(s) predetermined by EOHHS and Council chair	75 mins
Open period for questions	20 mins



DSRIC Agenda Setting





3 Council Chair Nominations





Nomination Instructions

Nominations

- Nominate a fellow Council member
 - You may nominate a fellow Council member to serve as Council chair. If the person accepts the nomination, please take no more than two minutes to explain why he/she is qualified for the role.
- Self-nomination
 - You may also nominate yourself to serve as Council chair. Please take no more than two minutes to explain why you are qualified for the role.

Council Chair Selection

- EOHHS will review and discuss the Council chair responsibilities with the nominees prior to the next DSRIC meeting
- EOHHS will consider all nominees and announce its selection of the Council chair at the next DSRIC meeting



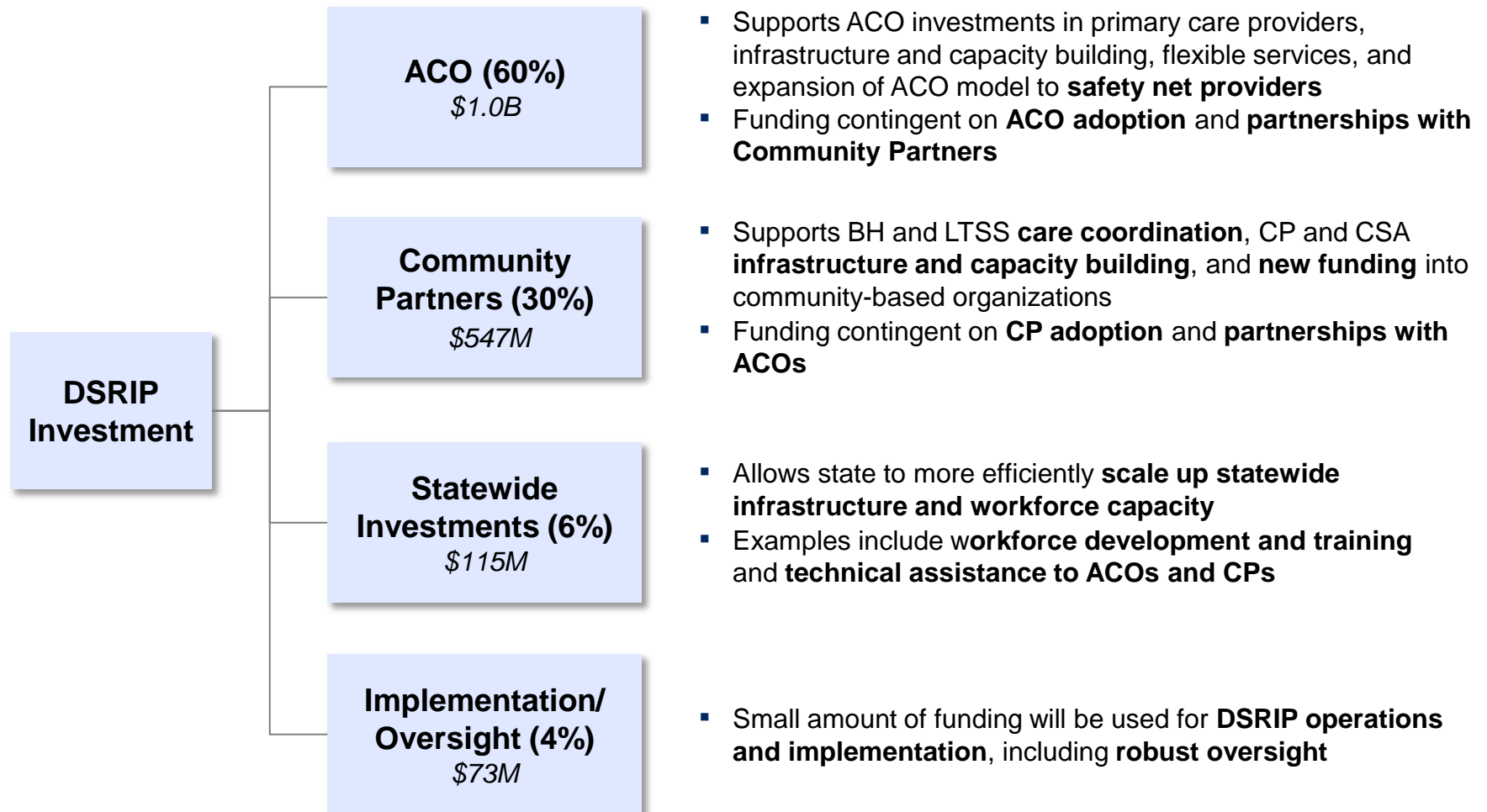
4 DSRIP Spotlights

DSRIP Accountability



DSRIP Funding Overview

- DSRIP totals \$1.8B over five years and supports four main funding streams
- **Eligibility for receiving DSRIP funding** will be linked explicitly to **participation in MassHealth payment reform efforts**





DSRIP Accountability

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|----------|--|---|
| 1 | State Accountability to CMS | <ul style="list-style-type: none">• State DSRIP Accountability Score Domains |
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| 2 | Interplay of State Accountability with ACO/CP/CSA Accountability | |
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| 3 | Advisory Committees on DSRIP Accountability | <ul style="list-style-type: none">• DSRIC• DSRIP Quality Subcommittee (within EOHHS Quality Measurement Taskforce) |
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| 4 | Independent Entities Ensuring Appropriate DSRIP Execution and Evaluation | <ul style="list-style-type: none">• Independent Assessor• Independent Evaluator |

State Accountability to CMS



A portion of the State's DSRIP expenditure authority will be at-risk based on the **State's DSRIP Accountability Score**. This score will be calculated based on performance in three domains:

- 1 **MassHealth ACO/APM Adoption Rate**
- 2 **Reduction in State Spending Growth**
- 3 **Overall Statewide Quality and Utilization Performance**



1 MassHealth ACO/APM Adoption Rate

- The State will have target percentages for the number of MassHealth ACO-eligible lives served by ACOs or who receive services from providers paid under APMs
 - *Target percentages being negotiated with CMS*
- The State will calculate the percentage of ACO-eligible lives served by ACOs or who receive services from providers paid under APMs.
- If the State meets or surpasses its target:
 - Receives **100%** for this domain.
- If the State does not meet the target:
 - Receives **0%** for this domain.



2 Reduction in State Spending Growth

- In general, the State will, by CY2022, be accountable to a 2.1% reduction in PMPMs for the ACO-enrolled population, off of “trended PMPMs.”
- The State’s trend line over the course of the DSRIP program will be 4.4% annually (the “without waiver” trend rate) which will be applied to the base PMPM rate in CY2017 (i.e. pre-ACO).
- The trend will be compounded over the five Budget Periods, and the percent reduction will be determined according to the following calculation:
 - $\text{Percent reduction} = (\text{trended PMPM} - \text{actual PMPM}) / (\text{trended PMPM})$.



3 Overall Statewide Quality and Utilization Performance

- MassHealth will annually calculate the State performance score for each quality and utilization domain by aggregating the performance scores of all ACOs on a weighted basis. That is, ACOs with more members will have their domain performance scores weighted more heavily than ACOs with fewer members.
- Domains include:
 - Prevention & Wellness
 - Chronic Disease Management
 - Behavioral Health/Substance Use
 - Long Term Services and Supports
 - Avoidable Hospital Utilization
 - Progress Towards Integration Across Physical Health, Behavioral Health, LTSS, and Health-Related Social Services
 - Member Care Experience



EOHHS Quality Measurement Taskforce & Quality Subcommittee

The **EOHHS Quality Measurement Taskforce** will be responsible for:

- Identifying core population-based quality measure sets that will be used in APM contracts in MA (all payer)
- Identifying strategic priority areas for quality measurement (e.g. patient-reported outcomes, SUD, patient safety)
- Advising MassHealth on quality measures and methodology for ACO, CP, & DSRIP

The **DSRIP Quality Subcommittee** (part of EOHHS Quality Measurement Taskforce) will support the clinical performance improvement cycle of MassHealth's DSRIP activities, including:

- Advising MassHealth on quality measures and methodology for ACO, CP, & DSRIP
- Selecting additional metrics for providers that have reached baseline or exceeded targets
- Assessing effectiveness of cross-cutting measures
- Making recommendations to improve performance



DSRIP Independent Assessor & Independent Evaluator

The **Independent Assessor** will assist with DSRIP administration, oversight, and monitoring. It is charged with reviewing and making recommendations on:

- Full Participation Plans
- Budgets and Budget Narratives (from BP 1 onwards)
- Requests for modification to these documents submitted by ACOs, CPs and CSAs

While the State retains final decision-making authority, it will carefully consider the Independent Assessor's recommendations.

The **Independent Evaluator** is charged with reviewing the DSRIP program as a whole. Utilizing a quantitative and qualitative approach, this entity will conduct a mid-point assessment and final evaluation of the DSRIP program to determine the effectiveness of the DSRIP program in relationship to its goals.



4 DSRIP Spotlights

Statewide Investments



Statewide Investments Overview

Statewide investments (SWIs) will help to **efficiently scale up statewide infrastructure and workforce capacity**, and **provide assistance to ACOs & CPs** in succeeding under alternative payment models. Currently **\$115M** is preliminarily allocated across 5 years for the SWIs.

- 1 Student Loan Repayment:** program aims to address shortage of providers at community health centers (CHCs) by repaying a portion of a provider's student loan in exchange for a two year commitment at CHC
- 2 Primary Care Integration Models and Retention:** program that provides support for CHCs to allow PCPs to engage in one-year projects related to accountable care implementation
- 3 Investment in Primary Care Residency Training:** program to help offset the costs of CHC residency slots for both CHCs and hospitals
- 4 Workforce Development Grant Program:** program to support health care workforce development and training to more effectively operate in a new health care system
- 5 Technical Assistance (TA):** program to provide TA to ACOs or CPs as they participate in payment and care delivery reform
- 6 Alternative Payment Methods (APM) Prep Fund:** program to support providers that are not yet ready to participate in an ACO, but want to take steps towards APM adoption
- 7 Enhanced Diversionary Behavioral Health Activities:** program to support investment in new or enhanced diversionary levels of care that meets the needs of members with behavioral health needs at risk for ED boarding within the least restrictive, most clinically appropriate settings
- 8 Improved accessibility for people w/ disabilities or for whom English is not a primary language:** programs to assist providers in delivering necessary equipment and expertise to meet needs of people w/ disabilities or for whom English is not a primary language